



RECOMMENDATIONS FOR AN ACTION AGENDA

Prepared by the Social and Emotional Health Task Force of the State Interagency
Council for Services and Supports to Children and Transition Age Youth

September 2019

About the State Interagency Council for Services and Supports to Children and Transition Age Youth

The State Interagency Council for Services and Supports to Children and Transition-Age Youth (SIAC), a statutorily established multidisciplinary body, is responsible for coordinated policy development, comprehensive planning, and collaborative budgeting for services and supports to children and transition-age youth with or at risk of developing behavioral health needs and their families. The statute further defines that the SIAC is to build on existing resources and to design and implement a *system of care* for children and transition-age youth with or at risk of developing behavioral health needs that is community-based, family- and youth-driven, and culturally- and linguistically-responsive [KRS 200.501 to 200.509].

SIAC's mission signifies the importance of social and emotional health: "Promoting healthy children and transition-age youth across Kentucky: Building a collaborative System of Care to promote children's and transition-age youth's social, emotional and behavioral well-being where they live, learn, work and play." In 2014, SIAC

A system of care is...

a spectrum of effective, community-based services and supports for children and youth with or at risk for mental health or other challenges and their families, that is organized into a coordinated framework, builds meaningful partnerships with families and youth, and addresses their cultural and linguistic needs, in order to help them to function better at home, in school, in the community and throughout life.¹

members signed an interagency agreement embracing a public health approach to children's behavioral health services and supports. SIAC also recommended System of Care (SOC) values and principles¹ be adopted and used by all SIAC member agencies.

System of Care Values are:

- Youth- and Family-driven;
- Community-based;
- Culturally- and Linguistically-responsive;
- Trauma-informed; and
- Recovery-oriented.

System of Care Principles guide the operationalization of the system of care values to support children, transition-age youth and families in having access to:

- a comprehensive array of effective, community-based services and supports;
- a service planning process that is strength-based and individualized;
- evidence-informed and promising practices;
- services and supports that are delivered in the least restrictive, most normative environments possible;
- partnerships with families and youth;
- effective care management supports;
- developmentally appropriate services;
- a continuum of behavioral health promotion, prevention, early identification, intervention, and recovery services and supports;
- a system that supports provider accountability and quality improvement tracking;
- protection of their rights; and
- services and supports that are provided without discrimination.

As the governing structures for Kentucky's system of care, the SIAC along with the Regional Interagency Councils (RIACs) serve as policy-level decision making and oversight bodies and, as such, are "responsible for focusing on areas where individual (categorical) systems do not have the capacity to act independently to achieve desired results. Policies set by system of care governing bodies need to promote collaborative practices at both policy and front-line levels across those partner systems."² Promoting the social and emotional health and wellbeing of our children, youth, and transition-age youth is one such area in which collective capacity is necessary to achieve desired results.

About the Social and Emotional Health Task Force of the State Interagency Council for Services and Supports to Children and Transition Age Youth

In October 2017, the State Interagency Council (SIAC) for Services and Supports to Children and Transition-Age Youth members/designees unanimously voted to establish a Social and Emotional Health Task Force. Comprised of representatives of all SIAC

member agencies and other stakeholders, the Task Force was charged to meet for a period of one year with the assigned task of presenting policy, process, and practice recommendations to the SIAC to ensure greater alignment, integration, and collaboration among our agencies to improve the social and emotional health and wellbeing of our children, youth, transition-age youth.

In May 2018, SIAC member agencies as well as the Kentucky Center for School Safety were invited to identify a member to represent their agency on the Task Force. A professional meeting facilitator guided Task Force meetings. Between June 2018 and May 2019, the Task Force convened twelve times, hosting experts within the Commonwealth as well as practitioners from other states to inform the awareness and understanding of Task Force members. Following each presentation, Task Force members identified key learnings and challenges as well as follow-up actions documented by the meeting facilitator. The last several meetings focused on prioritizing and formulating recommendations. The Task Force convened one last time in September 2019 to finalize recommendations. The Social and Emotional Health Standing Committee of the SIAC will be responsible for acting upon any accepted recommendations of the Task Force.

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Foreword

In October 2017, members of the State Interagency Council for Services and Supports to Children and Transition-Age Youth (SIAC) signed a joint pledge to prioritize the implementation of strategies aimed at improving the social and emotional health and wellbeing of children, youth, and young adults (see Appendix C). The assembling of a Social and Emotional Health Task Force responsible for putting forth policy, process, and practice recommendations was the avenue through which this prioritization would be realized.

Over the course of a year, the Task Force met to hear testimony from presenters, both state and national, on topics of relevance to social and emotional health and wellbeing. With the benefit of a meeting facilitator, the Task Force processed the information to inform the formulation of recommendations and action steps. Best practices are highlighted to serve as examples of innovative approaches being undertaken that can guide the path forward.

We, the members of the Task Force, put forth the following recommendations for consideration by the SIAC. It is our belief that these recommendations, if acted upon collectively by all member agencies, will facilitate the improvement of the social and emotional health and wellbeing of our children, youth, and young adults. The Social and Emotional Health Standing Committee will be responsible for coordination of efforts; however, it will ultimately be the responsibility of the SIAC members to address implementation barriers and to ensure that recommendations are fully realized. Ensuring the social and emotional health and wellbeing of our children, youth, and young adults is the essence of the mission of the SIAC. It is our duty and responsibility to fulfill this mission.

Social and Emotional Health Task Force of the SIAC

Introduction

The mission of the State Interagency Council for Services and Supports to Children and Transition-Age Youth (SIAC) signifies the importance of social and emotional health (SEH) and wellbeing: “Promoting healthy children and transition-age youth across Kentucky: Building a collaborative System of Care to promote children’s and transition-age youth’s social, emotional, and behavioral well-being where they live, learn, work, and play.” Evident in this mission are three key elements: social and emotional well-being is (1) part of overall health; (2) developmental in nature (i.e., relevant across all ages); and (3) is applicable across multiple settings (i.e., home, school, work, and community). Thus, cultivating the social and emotional health and wellbeing of our children, adolescents, and transition-age youth is the essence of the work of the SIAC and the shared responsibility of **all** System of Care partners.

In recognition of this shared responsibility, the SIAC unanimously voted in October 2017 to establish a Social and Emotional Health Task Force. Task Force members were identified and recruited to be reflective of the member agencies of the SIAC and to serve as content experts (see Appendix A for a list of members). A neutral meeting process facilitator led the design and implementation of the work of the Task Force. The initial meeting was in June 2018 with monthly meetings thereafter through May 2019. Speakers from state and local agencies briefed Task Force members on topics of relevance to social and emotional health and wellbeing (see Appendix B for meeting dates/times). Each presentation was followed by a discussion of key learnings, identified challenges, and possible solutions. Documented meeting summaries tracked conversations and decisions over the course of the year.

The Social and Emotional Health Task Force was charged with producing a high-level policy and practice action agenda to ensure greater alignment, integration and collaboration among member agencies to improve the social and emotional health and wellbeing of our children, adolescents, and transition-age youth. This document puts forth that action agenda and reflects the ongoing, informed, and authentic engagement of Task Force members.

Background/Context

There is great variability in how social and emotional health and wellbeing is defined, conceptualized, and measured across disciplines. In fact, a comprehensive analysis of decades of research found 136 frameworks of social and emotional competence from 20 areas of study.³ The lexicon is also varied with related constructs, such as social and emotional learning, social and emotional health and wellbeing, social and emotional competencies, and social and emotional skills, just to name a few. Early in the work of the Task Force, the need to adopt a cross-agency definition of social and emotional health and to understand the relationship among constructs was readily evident. Task Force members examined several definitions available in the literature and constructed the following definition to guide their work: *Within the context of one's family, community and cultural background, social and emotional health is the development and maintenance of social and emotional competencies. Through a social and emotional learning process, individuals come to understand and manage emotions, set and achieve positive goals, feel and show empathy for others, establish and maintain positive relationships, and make responsible decisions.* Thus, in simplest terms, the Task Force operated with the understanding that social and emotional learning (SEL) leads to the development of social and emotional competencies that contribute to social and emotional health and wellbeing. This definition and understanding of the relationship among constructs are largely an adaptation of the definition of social and emotional learning espoused by The Collaborative for Academic, Social, and Emotional Learning (CASEL)⁴, a trusted source for knowledge about high-quality, evidence-based social and emotional learning (SEL). The CASEL definition and framework takes a systemic approach by infusing social and emotional learning into every part of a child's daily life – across all homes, schools, and communities. The benefits of SEL are evident in more than two decades of compelling research. Interventions that address the five core competencies lead to improved academic performance, improved behavior (e.g., dropout rates, substance use), and an economic return of \$11 for every \$1 spent on SEL.⁴ Thus, regardless of each state agency's individual mission, the impact of social and emotional learning yields outcomes relevant to each.

Cross-Agency Recommendations and Action Steps

Recommendation 1: Implement Strategies to Promote Social and Emotional Competencies among the Children, Youth, and Young Adults and their Families Served by our Agencies and within our Workforce

A number of fields (e.g., education, workforce development, afterschool and expanded learning, positive youth development, juvenile justice) have increasingly focused on the need for children, youth, and young adults to build social and emotional competencies that promote success in school, work, and life.⁵ Implementation of strategies across agencies supports a systemic approach by infusing social and emotional learning into every part of daily life – home, schools, communities, and workplaces. While there is variability in these efforts, each member agency has the opportunity to utilize social and emotional learning frameworks that reflect their unique mission, operations, and practices.

Youth- and family-serving agencies can implement policies that promote the social and emotional health and wellbeing of their employees as well as those they serve. Adopting agency-specific standards that reflect social and emotional competencies can help ensure that all services provided mirror these values. Through agency policy, they can also ensure that social and emotional health and wellbeing principles are embedded in the daily work of the agency and the services provided. For example, filtering initiatives through a trauma-informed or restorative practices lens can enhance the quality of staff performance and youth-related outcomes. Likewise, recognizing when an employee's behavior may be influenced by trauma or taking a restorative approach to employee discipline may improve workplace climate and culture, resulting in decreased secondary traumatic stress, compassion fatigue and burnout.

Action Steps

- Develop consensus to adopt the CASEL social and emotional development framework and core competencies and create an accompanying practice brief for dissemination to support cross-agency implementation.

- Implement agency policies that reflect and support social and emotional health and wellbeing principles aligned with CASEL frameworks and core competencies.
- Create a template to support agencies in creating and monitoring agency-specific plans to support social and emotional competency development; these plans should promote the social and emotional health and wellbeing of both staff members and those served by the agency. Provide periodic agency updates to the Social and Emotional Health Standing Committee on implementation efforts.
- Identify existing evidence-based programs and services that promote social and emotional health and wellbeing provided by SIAC agencies and other agencies. Launch a website that highlights these and allows for peer-to-peer exchange of successes and lessons learned supporting replication and sustainability.

Best Practice Spotlight: CASEL Framework

Social and emotional learning is how children and adults learn to understand and manage emotions, set goals, show empathy for others, establish positive relationships, and make responsible decisions. The framework of the Collaborative for Academic, Social and Emotional Learning (CASEL) serves as an example of a common strategy that all agencies can adopt to support social and emotional development. Note



that the promotion of social and emotional competence is a key protective factor within the Kentucky Strengthening Families and Youth Thrive⁶ framework, a model already adopted by several SIAC member agencies.

Recommendation 2: Identify Indicators to Assess Social and Emotional Health and Wellbeing among the Children, Youth, and Young Adults and their Families Served by our Agencies and within our Workforce

Establishing a system that supports a culture of data-based decision-making and improvement tracking is a one of the guiding principles of the System of Care philosophy. The identification and ongoing monitoring of 3 to 5 common indicators of social and emotional health and wellbeing affords the opportunity to not only engage in continuous quality improvement activities but to enhance our ability to quantify the collective impact of our efforts and to make the case for future investments. An *indicator* is a specific, quantifiable means of knowing the extent to which progress is being made toward an intended outcome.⁷ Indicators are typically rates or percentages (e.g., percentage of children, youth, and young adults screened for social and emotional problems). A common indicator is one that can be used effectively to assess progress across more than one agency.

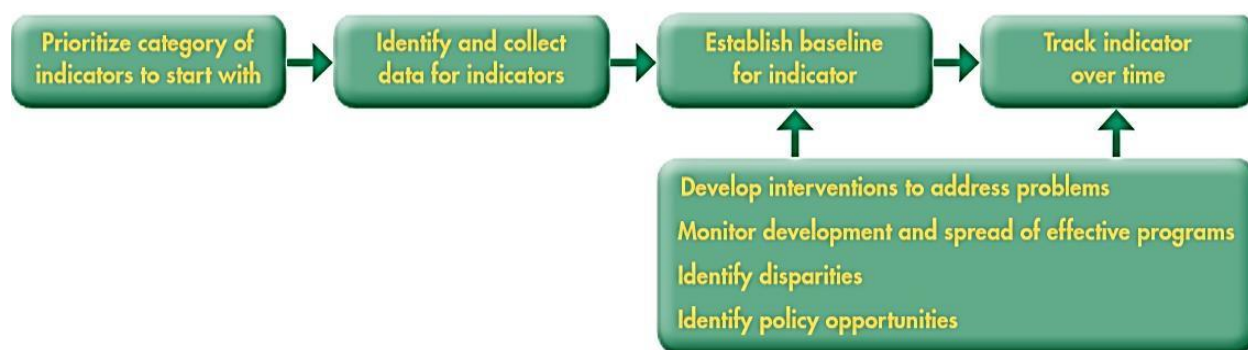
Action Steps

- Review the literature to determine existence of already identified indicators of social and emotional health and wellbeing to guide identification efforts (e.g., a set of common indicators of social and emotional wellbeing in early childhood was established in 2017⁷). Gain input from subject-matter experts, when needed.
- Gain consensus on 3 to 5 priority indicators of social and emotional health and wellbeing.
- Operationalize the indicators (i.e., population of interest, numerator, denominator, frequency and timing of measurement, data sources, and desired direction of change).
- Create a dashboard for periodic review by the SIAC. Indicators should be disaggregated by race, SES, gender, disability, and LGBTQ, when possible, to support equity in access, service use, and outcomes.
- Implement quality improvement strategies to address areas for which indicators demonstrated needed improvement.

- Use data to inform the SIAC strategic plan and the annual recommendations to the Governor and Legislative Research Commission.

Best Practice Spotlight: Social and Emotional Indicators in Early Childhood

Several initiatives have identified indicators of social and emotional development and wellbeing. The majority of these efforts, however, have focused exclusively on the early childhood population. In 2009, the National Center for Children in Poverty disseminated a guide to give local stakeholders the information and tools necessary to develop and use indicators for social-emotional development in early childhood with the intent of supporting communities in their efforts to implement and assess effective programs that promote young children's wellness.⁸ Below is a figure depicting a flowchart of indicator use. The Task Force believes this guide can assist in the development of priority indicators for state-level use.



Task Force members were briefed on two existing data sets available within the state that can potentially be accessed to assist in the identification, monitoring, and management of indicators of social and emotional health and wellbeing. The Kentucky Center for Statistics (<https://kystats.ky.gov/>) and the Kentucky Office for Health Data and Analytics (<https://chfs.ky.gov/agencies/ohda/Pages/default.aspx>) offer an opportunity for the SIAC to access expertise in the identification, operationalization, and monitoring of data to guide decision making as it relates to the promotion of social and emotional health and wellbeing among those we serve as well as our workforce.

Recommendation 3: Promote Workforce Development Strategies that Foster Social and Emotional Health and Wellbeing among the Children, Youth, and Young Adults and their Families Served by our Agencies and within our Workforce

Improving the social and emotional health and wellbeing of those we serve requires that we have a workforce that feels supported, empowered, and valued. SIAC member agencies must implement strategies to strengthen staff expertise and skills in leading activities that promote social and emotional competence within those we serve as well as cultivate the social and emotional competencies of our workforce. Effective implementation of these strategies is contingent upon three key drivers⁹: (1) promoting practitioner competencies through ongoing coaching, training, and performance feedback; (2) creating an environment that supports staff to implement effectively, e.g., removing barriers to implementation; and (3) ensuring agency leadership possesses a working knowledge of social and emotional health and wellbeing.

Action Steps

- Promote understanding of social and emotional health and wellbeing among agency leadership to promote and sustain systemic implementation.
- Offer professional learning opportunities to support staff in effectively implementing strategies that promote social and emotional competencies in those we serve.
- Promote an agency culture that cultivates social and emotional competency among the workforce.

Best Practice Spotlight: Learning Collaborative

The learning collaborative approach is a workforce development strategy used by many in the state. Learning collaboratives are designed to spread, adopt and adapt best practices across a variety of systems and settings to promote the delivery of effective services. The UK Center on Trauma and Children uses this strategy to support educators and practitioners to gain competency in trauma-informed practices for educators. Based on the Institute for Healthcare Improvement Breakthrough Series Collaborative Approach¹⁰, UKCTAC offers a short-term learning system that brings together teams from schools and the community to seek improvement in providing trauma-informed practices in the school setting. Team members engage in a scaffolding of training and support that begins with awareness and education, extends to integration of trauma-informed principles with other school-based evidence-based practices, and considers the trauma experiences of the workforce. Training and support is provided through three face-to-face learning sessions and the provision of ongoing support over time via coaching sessions, webinars, consultation calls with experts and with other team members across the state and 24/7 access to a resources and information via a shared Google platform.

Recommendation 4: Recommend Policies that Facilitate Agency Capacity to Promote Social and Emotional Health and Wellbeing among the Children, Youth, and Young Adults and their Families Served by our Agencies and within our Workforce

Current policies may not actively support the promotion of social and emotional health and wellbeing and, in some cases, are actually barriers that negatively impact the lives of both the youth and the workforce in youth-serving agencies. Taking a deeper dive into agency policies and analyzing available data can inform agency and legislative policymakers about the barriers that may need to be legislatively addressed. Likewise, this kind of analysis can help agencies identify areas that can be addressed through agency-specific policies that do not require a legislative mandate. Identifying the availability and efficacy of existing programs and services that can be leveraged to better serve youth, including those from diverse populations, is one of the specific areas for needed policy review. Programs and services that have proven efficacy, but may not be available in all areas of the state, should be scaled up and resources made available to sustain them. Similarly, agency policies for programming and training for staff at youth-serving agencies that support them in promoting social and emotional well-being of not only the youth they serve but the staff themselves is critical for reducing staff turnover and building capacity to provide effective services to children, youth, and young adults. Adopting a legislative agenda that promotes policies to support social and emotional health and wellbeing will send a strong message that social and emotional health and wellbeing is a priority.

Action Steps

Support a legislative agenda to implement a robust effort to address social and emotional health and wellbeing through scaling up successful initiatives and creating new opportunities where there are gaps. This includes efforts to explore funding for or create a financing strategy to support practices that promote social and emotional health and wellbeing and ensuring SIAC's annual recommendations to the legislature address current issues to advance social and emotional health and wellbeing goals.

- Provide funding for implementation of the School Safety and Resiliency Act (SB1 2019). In crafting the School Safety and Resiliency Act (SSRA), the General Assembly recognized that “all schools must provide a place for students to feel safe and supported to learn throughout the school day and that any trauma a student may have experienced can have a significant impact on the ability of a student to learn.” The SSRA directs all public schools to adopt a trauma-informed approach to education and, recognizing the powerful protective factor of having positive relationships, to foster a learning environment where all students are known well by at least one adult in the school setting. The SSRA outlines specific ways social and emotional health and wellbeing or “psychological safety” can be supported in schools by requiring the following:
 - School Resource Officers (SROs) must complete training in youth mental health awareness, diversity and bias awareness training, trauma-informed action, understanding students with special needs, and de-escalation strategies.
 - Every school must provide suicide prevention and awareness training to all students in grades six through twelve. Additionally, all school district employees with job duties requiring direct contact with students in grades six through twelve must complete suicide prevention training that includes the signs and symptoms of possible mental illness.
 - Increasing the number of school counselors available to students and the amount of time they provide direct services to students
 - Every school must create a trauma-informed team to identify and assist students who may have been impacted by trauma and provide training, guidance, and assistance to others in the school to implement a trauma-informed approach.
 - Each local board of education and public charter school board must develop a plan for implementing a trauma-informed approach in its schools, including collaboration with local and state law enforcement to create procedures for the notification of when a student has been exposed to trauma.

These requirements are noteworthy in their potential to advance the goal of improving the social and emotional health and wellbeing of our children, adolescents, and transition-age youth, though will require financial and other resources to achieve this goal. The SIAC recognizes that the SSRA was passed during a non-budget year and thereby requests the legislature provide funding in the next biennial budget to support these requirements and a financing strategy to ensure long-term sustainability of these efforts.

- Create incentives and infrastructure to increase access to services that support social and emotional health and wellbeing. There is unequal access to resources across the Commonwealth of Kentucky, among rural, suburban, and urban areas of the state. Some communities may have long waits for services because there are not enough providers to meet the need, while other communities may have sufficient providers but transportation to access those services is lacking or the services are unaffordable. Incentives that could be explored include ensuring reimbursement rates for Medicaid in Kentucky are competitive with neighboring states and offering other incentives for providers to work long-term in underserved communities. Infrastructure solutions could include funding to ensure all communities have access to the 211 system, expansion and maintenance of high-speed internet and mobile networks to enable access to tele-health and tele-psychiatry options in rural and remote areas of the state, and systems that would support efficient referrals to appropriate services.

Best Practice Spotlight: Policy to Support Employee Health and Wellness

The Kentucky Department of Education has a physical fitness program to support employee's health and well-being. The program allows employees to participate in physical fitness activities during the paid workday in 30-minute increments per day for up to three days per week. Many staff utilize this time for walking breaks on the grounds, which can be an important part of self-care and overall well-being.

Recommendation 5: Generate Support for the Importance of Social and Emotional Competencies among the Children, Youth, and Young Adults and their Families Served by our Agencies and within our Workforce through Strategic Communications

The Task Force recognizes the importance of identifying individuals and groups to be champions leading the charge in the promotion of social and emotional competencies at the state and local level. Generating support among policy makers, state-agency leaders, service providers, managed care organizations, families, youth, and other key stakeholders through strategic communications to promote the importance of social and emotional health and wellbeing. Building awareness and understanding of the benefits of promoting social and emotional health and wellbeing among those we serve as well as our workforce is critical to ensuring ongoing investment and sustainability of our efforts. The benefits of SEL are evident in more than two decades of compelling research. Interventions that address social and emotional competency development lead to improved academic performance, improved behavior (e.g., dropout rates, substance use), and an economic return of \$11 for every \$1 spent on SEL.⁴ This is a return on investment that should gain support among at all levels of the System of Care.

Action Steps

- Develop a strategic communications plan to recruit and identify champions and frame messaging. These champions will sustain the momentum of messaging the importance of utilizing social and emotional competencies when working with children, youth, and young adults and among our workforce.
- Disseminate a policy brief to generate support and buy-in around the promotion of social and emotional competencies. This policy brief will include examples of successful and impactful implementation of strategies to support social and emotional competencies among those we serve as well as our workforce.

Best Practice Spotlight: Building Strong Brains Tennessee

The *Building Strong Brains Tennessee* is an initiative of the Tennessee Commission on Children and Youth designed to address adverse childhood experiences in Tennessee. Championed by former Governor Bill Haslam, the Building Strong Brains Tennessee initiative has the following goals:

- Increase the potential that every child born in Tennessee has the opportunity to lead a healthy, productive life.
- Raise public knowledge about ACEs.
- Impact public policy in Tennessee to support prevention of ACEs and to reduce community conditions that contribute to them.
- Support innovative local and state projects that offer fresh thinking and precise measurement of impact in addressing ACEs and toxic stress in children.
- Seek sustainable funding to ensure the state maintains a long-term commitment to reduce the impact of adverse childhood experiences.
- Embrace open, responsive governance through statewide planning groups and the Three Branches Institute, comprised of leadership from the Executive, Legislative and Judicial branches of government, invited by the Governor to form a common agenda to advance child welfare and realign the juvenile justice system.

This initiative is an example of how significant garnering of support among leaders from state government, the business world, advocates, insurers, academia and nonprofit foundations has led to a strong investment in improving the lives of Tennessee's children.

Conclusion

It bears repeating that cultivating the social and emotional health and wellbeing of our children, youth, and young adults is at the core of the SIAC mission:

“Promoting healthy children and transition-age youth across Kentucky: Building a collaborative System of Care to promote children’s and transition-age youth’s social, emotional, and behavioral well-being where they live, learn, work, and play.”

Thus, regardless of each agency’s individual mission, it is the shared responsibility of all member agencies to engage in strategic efforts to facilitate the improvement of the social and emotional health and wellbeing of our children, youth, and young adults. However, our efforts will only be as strong as our workforce and, as such, we must purposefully engage in strategies to foster the social and emotional health and wellbeing of our workforce.

The Task Force believes that through acceptance of the aforementioned recommendations and implementation of the associated action steps that the Commonwealth can and will see the benefits of our collective impact on the social and emotional health and wellbeing outcomes of those we serve **and** of those who serve.

Appendix A: Task Force Members

Administrative Office of the Courts: Rachel Bingham

Council on Postsecondary Education: Missy Brownson Ross

Department for Behavioral Health, Developmental and Intellectual Disabilities: Koleen Slusher

Department for Community Based Services: David Gutierrez

Department for Medicaid Services: Evette Rhodes, CJ Jones, and Tonisha Byrd

Department of Juvenile Justice: William Heffron

Department of Public Health: Tal Curry and Nicole Barber-Culp

Family Organization Representative, KY-SPIN: Rhonda Logsdon

Family Resource and Youth Service Centers: Michelle Mayfield

Kentucky Center for School Safety: Lee Ann Morrison

Kentucky Department of Education: Robin McCoy, Christina Weeter, and Damien Sweeney

Kentucky Housing Corporation: Davey King

Office for Children with Special Health Care Needs: Ivanora Alexander

Office of Vocational Rehabilitation: Becky Cabe

Parent Representatives: Denitta Mercier and Sonny Mercier

Subcommittee for Equity and Justice for All Youth (SEJAY) of the Juvenile Justice Advisory Board: Pastor Edward L. Palmer, Sr. and Glenda Wright

SIAC Administrator: Lea Taylor

Consultant/Writer: Vestena Robbins

Meeting Facilitator: Jeanna Mullins

Appendix B: Presenters and Topics

June 5, 2018: Jeanna S. Mullins, Introduction to the Task Force; Miriam Silman, Center on Trauma and Children; Christina Weeter, Kentucky Department of Education; Jon Akers, Center for School Safety

July 20, 2018: Laura Beard and Tal Curry, Kentucky's Strengthening Families and an overview of the System of Care

August 14, 2018: Steve Hutton, Kentucky Center for Instructional Discipline, Positive Behavioral Instruction and Supports; Sarah Trent, Teacher, and Students from Jackson Independent Schools, Sources of Strength

September 20, 2018: Lori Price, Pulaski County Schools, Meeting the Social-Emotional Needs of the Whole Child, Overview of the Integrated Systems Framework

October 22, 2018: Rachel Bingham, Administrative Office of the Courts, What Do State Data and Practices Tell Us?

November 19, 2018: Amalia Mendoza, Foundation for a Healthy KY, and BJ Adkins, Bounce, Building Resiliency of Children and Families; Mary Rolando, Tennessee's Building Strong Brains Initiative

December 18, 2018: Miak Schutze, Cabinet for Health and Family Services, Office of Health Data and Analytics; Scott Secamiglio, KY Center for Statistics (KYSTATS)

January 10, 2019: Vestena Robbins, Department for Behavioral Health, Developmental and Intellectual Disabilities, Introduced resources from the Social & Emotional Health Standing Committee

February 21, 2019: Vestena Robbins, Department for Behavioral Health, Developmental, and Intellectual Disabilities, and Christina Weeter, Kentucky Department of Education, Legislative updates

April 10, 2019: No presentation

May 15 and 29, 2019: No presentations

September 4, 2019: No presentation

Appendix C: SIAC Pledge to Social and Emotional Health and Wellbeing

Dr. Stephen Pruitt
SIAC Chair
Commissioner
Department of Education

Adria Johnson
Commissioner
Department for
Community Based
Services

Rachel Bingham
Executive Officer
Administrative Office of
the Courts

Wendy Morris
Commissioner
Department for Behavioral
Health, Developmental &
Intellectual Disabilities

Lee Ann Kelley
Parent Representative

Katarina Wyatt
Youth Representative

Veronica Cecil
Deputy Commissioner
Department for Medicaid
Services

Carey Cockerell
Commissioner
Department for Juvenile
Justice

Melissa Goins
Director
Family Resource and
Youth Services Centers

Tal Curry
Health Program
Administrator
Department for Public
Health

Jackie Richardson
Executive Director
Commission for Children
with Special Health Care
Needs

STATE
INTER-
AGENCY
COUNCIL



275 East Main Street
Frankfort, KY 40601


Promoting healthy children across
Kentucky. Building partnerships to
promote children's social and emotional
needs where they live, learn, and play.

October 25, 2017

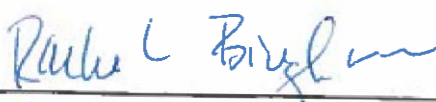
The State Interagency Council for Children (formerly known as the State Interagency Council for Children with Emotional Disabilities) is a body established in 1990 by legislation with the goal of coordinated policy development, comprehensive planning, and collaborative budgeting for the purpose of developing community-based services and supports for children, youth, and young adults with or at risk of having behavioral health needs and their families.


As members of the SIAC, we believe that a holistic approach including the critical component of social and emotional health is necessary to improving the overall health and learning of Kentucky's youth. We further believe that the implementation of strategies to improve the social and emotional health of our youth should be a priority of all SIAC member agencies.

As such, we, the undersigned, agree to ensure the prioritization of social and emotional health by assembling a Social & Emotional Health Task Force comprised of representatives of all SIAC member agencies and additional stakeholders. This short-term Task Force is charged with presenting policy, process, and practice recommendations to the SIAC to ensure greater alignment, integration, and collaboration among our agencies to improve the social and emotional health of our youth. We pledge to implement the recommendations, as appropriate, and report back to SIAC in six months the actions taken.

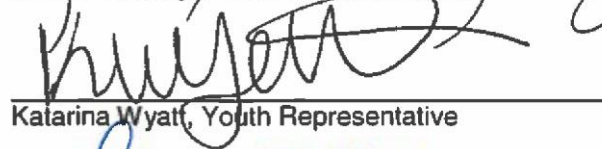

Dr. Stephen Pruitt, SIAC Chair and Commissioner
Kentucky Department of Education


Adria Johnson, Commissioner
Department for Community Based Services


Rachel Bingham, Executive Officer
Administrative Office of the Courts

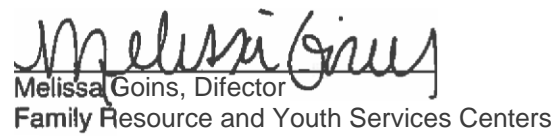

Wendy Morris, Commissioner
Department for Behavioral Health, Developmental & Intellectual Disabilities

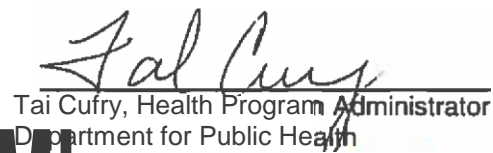

Lee Ann Kelley, Parent Representative


Katarina Wyatt, Youth Representative


Veronica Cecil, Deputy Commissioner
Department for Medicaid Services


Carey Cockerell, Commissioner
Department for Juvenile Justice


Melissa Goins, Director
Family Resource and Youth Services Centers


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JMK a..

"IT" Commission with Special Health Care Needs

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